



EXPRESSION OF INTEREST INTEGRITY CERTIFICATION PROGRAMME

Name:

School:.....

Address:.....

Phone number:.....

Email address (where you want the documents to be sent).....

1. I am interested in taking part in the Integrity Certification Programme Choose an item.

2. I commit to cooperating with the review team and providing all supporting documents needed

Choose an item.

3. I want my school to be integrity certified because:

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